Appendix 6

MILTON GOSPEL HALL
TRIPS AND OFF-SITE TRAVEL FORM

Group _____ Location _____

Dates: Leave _____ Return _____ Contact # _____

Departure Time _____ Return Departure Time _____

Arrival at Location _____ Return Arrival Time _____

Transportation

Driver	Vehicle	License #	Cell Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Leaders

Name	Phone #	Name	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Students

Name	Phone #	Name	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____